Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
The following list may not be all-inclusive and is meant to provide guidance. Guidelines applied are based on the member's product, and all services are subject to the member's benefits					
Acupuncture	Acupuncture Services Authorization only required after benefit limit has been met	97810, 97811, 97813, 97814	All products Medicare Eligible	20 units/calendar year.	**MHCP Provider Manual:** Acupuncture **CMS:** NCD 30.3
Chiropractic	Only submit prior authorization request for units in excess of 6 per 30 days or 24 units in a calendar year. Effective 7/1/2023 - no auth required for OON Chiro services within MN. All benefit limits still apply.	Over threshold: 98940, 98941, 98942	All products Medicare Eligible	6 units/30 days or 24 units/calendar year	**MHCP Provider Manual:** Chiropractic **CMS:** A57889
Cosmetic	Tatooing, SubQ Filling Punch Graft Dermabrasion/Chemical Peel Cervicoplasty Rhytidectomy Excision of excess SubQ Cryotherapy for acne Chemical Exfoliation Electrolysis Breast surgery Facial surgery/procedure Ablative laser procedures Midface/muscle flap Repair of nasal vestibular Grafting soft tissue, liposuction	11920, 11921, 11922 11950, 11951, 11952, 11954 15775, 15776 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793 15819 15824, 15825, 15826, 15828, 15829 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839 17340 17360 17380 19304, 19316, 19328, 19355, 21208, 21270, G0429, 30120, 67911, 67912, 69300, 21125, 21127, 21209 0479T, 0480T, 0491T, 0492T 15730, 15733 C9749 15769, 15771, 15772, 15773, 15774	All products Medicare Eligible		**InterQual Procedures**: Subset selected based on requested procedure **MHCP Provider Manual**: Physician and Professional Services > Plastic and Reconstructive Surgery **Medicare**: NCD 140.2, NCD 250.4, LCD L35001, LCD A52837

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Dental	TMJ Services/Surgery Dx - M26.61-M26.63; M26.69	21073, 21079, 21080, 21081, 21085, 21110, 21480, 21485, 21497, 29800, 21010, 21025, 21026, 21050, 21060, 21240, 21242, 21243, 21255, 21490, 29804,	All products Medicare Eligible	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed.	**MHCP Provider Manual:** Dental Services **IO Manual** 11-02, 15, 150.1 **InterQual Procedures**: Subset selected based on requested procedure

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Diagnostics	Capsule Endoscopy Opto-acoustic breast imaging CT Colongraphy Reflectance confocal microscopy Colonscopy/Colon Cancer Screen Trabecular bone score (TBS) Other diagnostic testing Myocardial Imaging/Echo Nasal Function Studies Diagnostic/Monitoring Anatomic model 3D-printed Other Imaging	91110, 91111, 91113 C9788 74261, 74262, 74263 (no auth required for age 45 and up) 96931, 96932, 96933, 96934, 96935, 96936 G0104, G0105, G0106, G0120, G0121, G0122, G0328 77089, 77090, 77091, 77092, 82270 0035U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0046U, 0051U, 0054U, 0055U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0082U, 0115U, 0116U, 0117U, 0120U, 0124U, 0125U, 0126U, 0127U, 0128U, 0129U, 0598T, 0599T, 0206U, 0207U, G0327, 0248U, 0249U, 0251U, 0641T, 0642T, 0263U, 83529, 0691T, 0693T, 0308U, 0309U, 0310U, 0312U, 0316U, 0728T, 0729T, 0731T, 0344U, A9602, A9800, C9787, 93278 0439T, 0331T, 0332T 92512 86343, 0358T, 0398T, 0501T, 0502T, 0503T, 0504T, 0523T, 0533T, 0534T, 0535T, 0536T, 95836, C9751, 0087U, 0088U, 0094U, 0535T, 0536T 0559T, 0560T, 0561T, 0562T 0347T, 0348T, 0350T, 0351T, 0352T, 0353T, 0354T, 0422T, 0485T, 0486T	All products Medicare Eligible	**Medicaid: Mammogram:** One screening annually for women age 40+ (PA required for under age 40). Diagnostic mammograms auth required <age 40. **Dual (Medicare): Mammogram:** Medicare covers one screening/5 years for women between 35 and 39 (PA required under age 35) **Colonoscopy/Colon Cancer Screenings:** Ages 18-44 yrs of age require an authorization (age 45+ no auth required) Cologuard (81528): No auth required (limit 1 every 3years) Colonscopy Limits based on risk level	**MHCP Provider Manual:** CT Colongraphy **InterQual Procedures**: Colonscopy or Capsule Endoscopy **Internal Policy:** MCP 42 (Mammogram)
Durable Medical Equipment (DME)	All DME >$1, 500 requires prior authorization Prosthetics/orthotics paid amount >$3000 per claim	Any combination of codes - total per claim amount Codes beginning with L (paid amount total of L codes on claim >$3000 requires auth)	All products Medicare Eligible	$1,500 in allowed cost If using a Misc. DME code the allowed amount is $500, or an auth is required	
	Miscelaneous DME Codes **Repairs and Maintenance**	E1399, A9999, A4649 (auth required if allowed amount exceeds $500) Repairs: K0740, K0739, L4205, L4210, L7510, L7520, K0462 (if more than one month) RB Modifier: Replacement/Repair of DME **Equipment that requires authorization for purchase, always requires authorization for repairs. **For equipment not in the auth list, auth needed if cost of parts and labor combined is more than $500.	All products Medicare Eligible	Auth required if allowed amount exceeds $500. Miscellaneous codes should not be used if there is a more specific code that is appropriate. Maintenance for equipment with no specific HCPCS code, and E1399 will be used, always requires authorization. K0462 requires an auth if more than one month rental All Wheelchair repairs for members who reside in a nursing facility require authorization regardless of $$ amount.	**MHCP Provider Manual**: Equipment and Supplies **Medicare**: IO Manuals 110-02, 15, 110.2 **Interqual**: search by code reviewing and select correct option for repair/replacement

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Customized Durable Medical Equipment	K0008 (manual w/c) K0013 (power w/c) K0900 (other DME)	All products Medicare Eligible		
	Lost or Stolen DME	Varies	All products Medicare Eligible	Replacement for lost or stolen DMEPOS, Glasses, Hearing Aids, etc need auth. Without auth the claim should be denied as Service already Provided or Duplicate Service. This does not apply to children and lost/stolen glasses. They do not require authorization for 3rd or greater pair in a 2 year period.	
	DME: Supplemental Benefits	DME/Safety/Home Modifications: T2025 S3	SeniorCare Complete	Limited to $1000/calendar year	
	DME: Airway Clearance Devices	High frequency chest wall ossillation vest, replacement: A7025 High frequency chest wall ossilation air-pulse generator system: E0483 Percussor: E0480 (*auth only for OOP for E0480) Cough stimulating device: E0482	All products Medicare Eligible	E0480 does not require auth in plan but will only pay with specific diagnosis	**MHCP Provider Manual:** Equipment and supplies - Airway Clearance Devices **Medicare:** L33785, L33795
	DME: Ambulatory Assist Equipment	Gait Trainers E8000, E8001, E8002	All products Medicare Eligible		**MHCP Provider Manual**: MHCP Provider Manual: Equipment and supplies - Ambulatory Assist Equipment **Medicare:** Not covered by Medicare
	DME: Apnea Monitors	Apnea Monitors: E0618, E0619	All products Medicare Eligible		**MHCP Provider Manual**: MHCP Provider Manual: Equipment and supplies - Apnea Monitors **Medicare**: no specific CMS guideline

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Bath and Toilet Equiment	Seat Lift: E0170, E0171, E0172 Bath Lift: E0625 Whirlpool, portable: E1300, E1301, K1003 Whirlpool, Nonportable: E1310	All products Medicare Eligible		**MHCP Provider Manual:** MHCP Provider Manual: Equipment and supplies - Bath and Toilet Equipment **Medicare**: E1300 is noncovered. E1310 - use NCD 280.1
	DME: Bone Growth Stimulators	Bone Growth Stimulators: E0747, E0748, E0749, E0760, 20975	All products Medicare Eligible		**MHCP Provider Manual:** MHCP Provider Manual: Equipment and supplies - Bone Growth Stimulators **Medicare:** NCD 150.2, LCD L33796 **Interqual:** DME, Procedures, Medicare procedures
	DME: Diabetic Equipment and Supplies	Blood Glucose Monitors with special features: E2100, E2101 Ambulatory Insulin Infusion Pumps: E0784, E0787 Infusion sets/Pump Supplies: A4230, A4231 - no auth required unless over BL OmniPods: A9274 - Dash and OmniPod 5/G6 systems **MUST** be requested through pharmacy benefit with PA (send to Perform Rx for DASH and OmniPod 5/G6 system only)	All products Medicare Eligible	**Insulin pump**: E0787 limited to 1 in 4 rolling years **Insulin syringes**: 300/month **Infusion sets:** (A4230-A4232) limited to 20 in 1 calendar month	**MHCP Provider Manual:** Diabetic Equipment and Supplies **Medicare:** Glucose Monitors: LCD L33822, Insulin Pumps: L33794 **InterQual Procedures:** DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Electrical Stimulation Devices	Sleep Apnea Stimulators/Supplies: 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, E0492, E0493, E0530 Pelvic floor electrical stimulator: E0740, S9002 Neuromuscular Stim for Scoliosis: E0744 Neuromuscular stimulator: E0745, E0746, E0762, E0764, E0765, A4560, L8678, L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695 Electrical Stimulator for cancer treatment: E0766 Functional Electrical Stimulators: E0770 Cranial Electrotherapy Stimulation (CES): K1002, A4596, E0732 IFC/STS Stimulator: S8130, S8131 (Fact 4 codes) External upper limb stimulator of peripheral nerves: K1018, K1019, A4540, E0734 Distal transcutaneous nerve stimulator (upper arm): K1023 Trigeminal Electirc Nerve Stimulator: K1016, K1017, E0733 Vagus Nerve Stimulator: K1020, E0735 Neuromodulation for MS (PONS System): A4593, A4594 Tibial Nerve Stimulator: E0736	All products Medicare Eligible	K1002, S8130, S8131 - not Medicare covered	**MHCP Provider Manual:** DME - Electrical Stimulation Devices **Medicare:** L34821 (E0762) **InterQual:** DME, Medicare DME
	DME: External Defibrillators	External Defibrillators (AED): E0617, K0606	All products Medicare Eligible		**MHCP Provider Manual:** DME - External Defibrillators **Medicare:** L33690
	DME: Hospital Beds and Mattresses	Semi-electric: E0260, E0261, E0294, E0295 Total Electric: E0265, E0266, E0296, E0297 Bariatric, extra heavy duty, extra wide: E0301, E0302, E0303, E0304 Pediatric: E0329 Enclosed Beds: E0316, E0300, E1399 - Enclosed bed manufactured as a unit Oscillating, Circulating: E0270 Rocking Bed: E0462 **Mattresses** Pressure reducing underlay/pad: E0183 Group 2: E0193, E0277, E0371, E0372 Group 3: E0194	All products Medicare Eligible	Manual Hospital beds do not require an auth. Mattress: authorized for 6 month rentals.	**MHCP Provider Manual**: DME - Hospital Beds **MHCP Provider Manual:** DME - Pressure Reducing Support Surfaces **Medicare:** L33820 (beds), L33642 (grp 2 mattress), L33692 (grp 3 mattress) **InterQual Procedures:** DME, Medicare DME
	DME: Incontinence Products	Incontinence Products: Disposable Briefs or Diapers for members under 4 y/o - T4521 T4522 T4523 T4524 T4525 T4526 T4527 T4528 T4529 T4530 T4531 T4532 T4533 T4534 T4535 T4538 T4541 T4542 T4543 T4544 T4545	All products NOT Medicare Eligible	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4. Documentation must include a medical condition or diagnosis of excessive urine or fecal output requiring more than 10 briefs or diapers per day.	**MHCP Provider Manual:** DME - Incontinence Products

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Lower Limb Prosthetics	L5000-L5999 Replace Socket Above Knee: L5701 High Activity Knee Frame: L5930 Knee Sing Axis Fric Shin Sach: L5200 Mutliaxial Ankle W DorsiFlex: L5968 Endo Knee-Shin Fluid SWG/STA: L5828 Flex Foot System: L5980 Shank FT W Vert Load Pylon: L5987	All products Medicare Eligible	Codes beginning with L (paid amount total of L codes on claim >$3000 requires auth)	**MHCP Provider Manual:** DME Lower Limb Prosthetics **Medicare:** L33787 **InterQual:** DME, Medicare DME
	DME: Mobility Devices	**Manual Wheelchairs:** Geri Chair: E1031 Tranport Chair: E1037, E1038, E1039 Tilt in Space: E1161 Pediatric WC: E1231, E1233, E1234, E1235, E1237, E1238 Adaptive Stroller: E1232, E1236 Ultralight weight WC: K0005 Other manual WC base: K0009 **Power Operated Vehicles:** E1230, K0800, K0801, K0802, K0806, K0807, K0808 and K0812 (Fact 4) **Power Wheelchairs:** Power WC, not classified: K0898, K0014 Group 1: K0813, K0814, K0815, K0816 Group 2 no power option (standard): K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831 Group 2 single power: K0835, K0836, K0837, K0838, K0839, K0840 Group 2 multiple power option:K0841, K0842, K0843 Group 3 no power option: K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855 Group 3 single power option: K0856, K0857, K0858, K0859, K0860 Group 3 multiple power option: K0861, K0862, K0863, K0864 Group 4 no power option: K0868, K0869, K0870, K0871 Group 4 single power option: K0877, K0878, K0879, K0880 Group 4 multiple power option: K0884, K0885, K0886 Group 5: K0890, K0891, E1239 **Walkers:** Battery Powered Walker: E0152	All products Medicare Eligible	**Geri Chair**: 3 month rental **Transport Chair**: auth required after 3rd month rental and for all purchases **Compex Rehab power wheelchairs:** Complex rehabilitative power wheelchairs (HCPCS codes K0835-K0843 and K0848-K0864) and options/ accessories furnished for use with a complex rehabilitative power wheelchair can be either **rented or purchased.** **https://cgsmedicare.com/jb/pubs/pdf/chpt5.pdf**	**MHCP Provider Manual:** DME - Mobility Devices **Medicare:** L33792(WC options/accessories), L33788 (Manual WC bases), L33789 (Power Mobility Devices) **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Wheelchair accessories	Wheelchair accessories: E2398, E2609, E2617, E2610 Seat lift mechanism: E0985 Power Assist for Manual Chair: E0986 Seat Tilt/Recline: E1002, E1003, E1004, E1005, E1006, E1007, E1008 Center Mount Leg Rest: E1012 Recline Back: E1225, E1226, E1014 Special Height arms/back: E1227, E1228 (Fact 4 codes) Gear reduction wheels: E2227 Seat Elevation Feature: E2300, E2298 Manual or Power Standing System: E2230, E2301	All products Medicare Eligible		**MHCP Provider Manual:** DME - Mobility Devices, DME Supply Coverage Guide **Medicare:** L33792(WC options/accessories), L33312 (Wheelchair seating), 33789 (Power Mobility Devices) **Medicare Manual:** Applicable NCD, LCD, Medicare Coverage Manuals **InterQual Procedures:** DME, Medicare DME
	DME: Wheelchairs for members residing in a NH/SNF	Wheelchair codes for members residing in NH/SNF: K0001, K0002, K0003, K0004, K0005, K0007, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2228, E2321, E2291, E2292, E2293, E2294, E2295 (this may not be an exclusive list)	All products Medicare Eligible	**Wheelchairs in a SNF**: All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	**MHCP Provider Manual:** DME - Mobility Devices **Medicare:** Most wheelchairs are not covered by medicare when the member resides in a SNF
	DME: Nutritional Products	Enteral nutrition products: B4149, B4150, B4152, B4153, B4154, B4155, B4087, B4088, B4034, B4035, B4036, B4100, B4104, B4102, B4103, B4157, B4158, B4159, B4160, B4161, B4162 (**Auth only required if for oral nutrition, not tube feeding**) Medical foods for non-inborn errors of metabolism: S9432 Enteral Supply Feeding kit: B4034, B4035, B4036 In-line cartridge containing digestive enzyme: B4105 Food thickener: B4100 Gastrostomy/Jejunostomy Tube: B4087, B4088	All products Medicare Eligible (not eligible for oral nutrition)	**Enteral Nutrition**: 1 month limit, authorization required for oral administration (BO modifier). Medicaid: Limited to 1050 units in a rolling month (auth required for greater than this amount for oral or tube feeding) **Enteral Supply Feeding Kits: Medicaid:** limited to 31 units in a rolling month individually or 51 units as a group **Gastrostomy Tube**: 2 units/month	**MHCP Provider Manual:** Nutritional Products and Supplies **Medicare**: NCD 180.2, LCD L38955 **InterQual Procedures**: DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Orthopedic and Therapeutic Footwear	Therapeutic Shoes: A5500, A5501 Modifications to therapeutic shoes: A5503, A5504, A5505, A5506, A5507 Inserts for Therapeutic shoes: A5510, A5512, A5513, K0903 Orthopedic Shoes: L3224, L3225, L3230, L3250, L3251, L3252,L3253, L3201, L3202, L3203, L3204, L3206, L3207, L3215, L3216, L3217, L3219, L3221, L3222	All products Medicare Eligible	**Therapeutic Shoes:** Dual members: first 2 units will pay under Medicare, next 2 units will pay under Medicaid. Total of 4 units can pay without auth (1 unit = 1 shoe), Medicaid: allowed 4 units per calendar year before PA (2 pair) **Inserts:** A5512-A5514, K0903 - Limited to 6 in 1 calendar year. A5503-A5510 - limited to 4 in 1 calendar year. **Orthopedic Inserts:** L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031 - no auth required but does have a benefit limit (for Medicaid) of 6 per calendar year.	**MHCP Provider Manual:** DME - Orthopedic and Therapeutic Footwear **Medicare:** L33369 (Therapeutic shoes for diabetes), L33641 (Orthopedic Footwear) **InterQual:** DME, Medicare DME
	DME: Orthotics	**Lower Limb Orthotics:** L1681, L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136 **Cranial Remolding Orthotics:** S1040	All products Medicare Eligible	**Lower Limb orthotics:** There is a limit of 4 per calendar year. Authorization needed before the limit if the allowed amount is more than $3,000. Starting with the third set (bilateral) requires an authorization. **Cranial remolding orthotic:** Authorization is needed for third (or more) cranial remodeling orthotic before 2 years old. According to the American Academy or Orthotists & Prosthetists, these orthotics are contraindicated after 2 years of age.	**MHCP Provider Manual:** DME - Orthotics **Medicare:** L33318 (knee orthosis), L33686 (Ankle/Knee/Foot Orthosis), **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Orthotics	**Upper Extremity Orthotics:** L3650-L3999 (L3650 L3651 L3652 L3653 L3654 L3655 L3656 L3657 L3658 L3659 L3660 L3661 L3662 L3663 L3664 L3665 L3666 L3667 L3668 L3669 L3670 L3671 L3672 L3673 L3674 L3675 L3676 L3677 L3678 L3679 L3680 L3681 L3682 L3683 L3684 L3685 L3686 L3687 L3688 L3689 L3690 L3691 L3692 L3693 L3694 L3695 L3696 L3697 L3698 L3699 L3700 L3701 L3702 L3703 L3704 L3705 L3706 L3707 L3708 L3709 L3710 L3711 L3712 L3713 L3714 L3715 L3716 L3717 L3718 L3719 L3720 L3721 L3722 L3723 L3724 L3725 L3726 L3727 L3728 L3729 L3730 L3731 L3732 L3733 L3734 L3735 L3736 L3737 L3738 L3739 L3740 L3741 L3742 L3743 L3744 L3745 L3746 L3747 L3748 L3749 L3750 L3751 L3752 L3753 L3754 L3755 L3756 L3757 L3758 L3759 L3760 L3761 L3762 L3763 L3764 L3765 L3766 L3767 L3768 L3769 L3770 L3771 L3772 L3773 L3774 L3775 L3776 L3777 L3778 L3779 L3780 L3781 L3782 L3783 L3784 L3785 L3786 L3787 L3788 L3789 L3790 L3791 L3792 L3793 L3794 L3795 L3796 L3797 L3798 L3799 L3800 L3801 L3802 L3803 L3804 L3805 L3806 L3807 L3808 L3809 L3810 L3811 L3812 L3813 L3814 L3815 L3816 L3817 L3818 L3819 L3820 L3821 L3822 L3823 L3824 L3825 L3826 L3827 L3828 L3829 L3830 L3831 L3832 L3833 L3834 L3835 L3836 L3837 L3838 L3839 L3840 L3841 L3842 L3843 L3844 L3845 L3846 L3847 L3848 L3849 L3850 L3851 L3852 L3853 L3854 L3855 L3856 L3857 L3858 L3859 L3860 L3861 L3862 L3863 L3864 L3865 L3866 L3867 L3868 L3869 L3870 L3871 L3872 L3873 L3874 L3875 L3876 L3877 L3878 L3879 L3880 L3881 L3882 L3883 L3884 L3885 L3886 L3887 L3888 L3889 L3890 L3891 L3892 L3893 L3894 L3895 L3896 L3897 L3898 L3899 L3900 L3901 L3902 L3903 L3904 L3905 L3906 L3907 L3908 L3909 L3910 L3911 L3912 L3913 L3914 L3915 L3916 L3917 L3918 L3919 L3920 L3921 L3922 L3923 L3924 L3925 L3926 L3927 L3928 L3929 L3930 L3931 L3932 L3933 L3934 L3935 L3936 L3937 L3938 L3939 L3940 L3941 L3942 L3943 L3944 L3945 L3946 L3947 L3948 L3949 L3950 L3951 L3952 L3953 L3954 L3955 L3956 L3957 L3958 L3959 L3960 L3961 L3962 L3963 L3964 L3965 L3966 L3967 L3968 L3969 L3970 L3971 L3972 L3973 L3974 L3975 L3976 L3977 L3978 L3979 L3980 L3981 L3982 L3983 L3984 L3985 L3986 L3987 L3988 L3989 L3990 L3991 L3992 L3993 L3994 L3995 L3996 L3997 L3998 L3999)	All products Medicare Eligible	**Upper Extremity Orthotics:** Limit of 4 per calendar year. Authorization needed before the limit if the allowed amount is more than $3,000. Starting the third set (bilateral) requires an authorization.	**MHCP Provider Manual:** DME - Orthotics **InterQual Procedures:** DME, Medicare DME
	DME: Other Prosthetic/Orthotic Devices/Supplies	Artificical Cornea L8608, L8609 Prosthetic Devices: K1014, K1015, K1022 Powered upper extremity range of motion device: L8701, L8702 (both Fact 4) HKAFO Microprocessor: K1007 Gasket or seal for use with prosthetic sock: L7700 Knee ankle foot device, any material: L2006 Nipple prosthesis: L8033 Misc. Component for artificial heart: L8698 Hip Orthosis: L1681 Rehab System: E0738, E0739	All products Medicare Eligible	**Gasket or seal for use with prosthetic sock (L7700)**: This code represents a gasket or seal for use with a prosthetic socket insert of any type. The gasket or seal secures the residual limb to the prosthesis. It provides a secure attachment, locking the limb to the socket wall, and improves user comfort.	**Medicare:** LCD L33787 (lower limb prostheses), L33686 (Ankle/Foot/Knee Orthosis), L33317 (external brest prostheses) **InterQual Procedures**: DME
	DME: Respiratory Equipment	**Nebulizer, Ultrasonic:** E0575 **Oximeters and Probes:** E0445 (auth required for purchase or rental beyond 3 months), A4606 (auth required after limit of 10/month) &A4606 U3 (auth required for more than 1 per 6 months) **Home Ventilator:** E0466, E0467, E0468 **IPPB machine:** E0500 **Sleep Apnea Device:** K1001, K1028, K1029, K1030, E0490, E0491	All products Medicare Eligible	**Disposable Oximeter Probe**: 5/month **Durable Probes**: 1 every 6 months ***Oxygen does **not** require authorization effective 1/1/2022 Auth required for CPAP/BiPAP for OON and replacement prior to 5 years.	**MHCP Provider Manual:** DME - Nebulizers, Oximeters, Oxygen Equipment, Positive Airway Pressure, Respiratory Equipment **Medicare**: LCD L33370 (nebulizers), NCD 240.2.1 (oxygen in clinical trials), L33797 (Oxygen/Oxygen Equipment), L33800 (respiratory assist devices) **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Patient Lifts and Seat Lift Mechanisms	Seat Chair Mechanism: E0627, E0629 Patient Lifts: E0635, E0636, E0639, E0640	All products Medicare Eligible	**Seat Lift Mechanism:** Auth required if service line total is greater than $500.00	**MHCP:** DME - Patient lifts and seat lift mechanisms **Medicare:** NCD 280.4 (seat lift), L33801 (seat lift mechanisms), L33799 (Patient lifts) **InterQual:** DME, Medicare DME
	DME: Pneumatic Compression Devices	Pneumatic Compressor Device: E0652, E0670, E0675, K1031, K1032, K1033	All products Medicare Eligible		**MHCP:** DME - Pneumatic Compression Devices **Medicare:** NCD 280.6, L33829 **InterQual:** DME, Medicare DME
	DME: Other DME Items/Devices	Augmentative Communication (AC) Devices: E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599 Electronic Tablets as AC Devices: E2510 U3*, E2511 U3*, E2512 U3*, E2599 U3* Bili Lights (after 1 month rental): E0202 Biofeedback Machine: E0746 (Fact 4) Breast Pump (heavy duty): E0604 - PA required after 3 month rental, E0603 PA only required if over benefit limit of 1 per 10 months Cochlear Device: L8614, L8619 Male/Female Prosthetic: L7900, tension-ring replacement: L7902 Enema, Anal Irrigation System: A4459 Light Therapy - SAD: E0203 Piercing Device, Skin: E0620 TENS Units: E0720, E0730, E0731 Uterine Monitor: S9001 (not medicare covered) Low Frequency Diathermy: K1004 Foot Pressure Device: A9283 (auth required for OON) Position Seat: T5001 (not medicare covered) Standers: E0637, E0638, E0641, E0642 Transfer Devices: E1035, E1036 Personalized, anterior and lateral interbody cage (implantable): C1831 Tablo, hemodialysis system: E1629 Virtual Reality CBT Device: E1905 Vibrant Gastro System: A9268, A9269 Penile Contracture Device: S4988 Electromagnetic field Device: E0767	All products Medicare Eligible	**Tablet AC Device**: Coverage information can be found in the South Country provider manual chapter 18. *U3 modifier is required for all tablets, tablet accessories and related services. **Bili Lights:** 1 month rental **Breast Pump:** 3 month rental for heavy duty (E0604). For E0603 - there is a quantity limit of 1 per 10 months. PA required if over limit. **Tension Ring:** L7902 is covered under Medicaid but will require an authorization. **Enema System**: 2 units/year (covered for members age 2+) **SAD Light:** Auth required if service line total greater than $500 AND the diagnosis code is not F33. **TENS Units**: No Auth needed unless it's for a diagnosis of low back pain (M54.5, M54.50, M54.51, M54.59). If description of service is cranial electrotherapy stimulator, it is non-covered (investigational). **Foot Pressure Off-Load Device:** will pay for certain Dx codes; Auth required for OON providers ONLY	**Electronic Tablets:** MCHP- Rehabilitation services - Aug Communication Devices, InterQual. CMS - LCD L33739, NCD 50.1. **MHCP Provider Manual:** DME > Depends on service or supply, Hearing aid services, **Medicare:** NCD 50.3 (cochlear implant), L34824 (vaccum erection device/tension ring), L36267 (Bowel management devices), L33822 (glucose monitors), NCD 10.2, 160.27 (TENS device), L33641, L33686 (orthopedic footwear, AF/KAF Orthosis), L33799 (patient lifts) **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Genetic Testing	Gene Analysis and Molecular Pathology	81105-81369, 81400-81479, 81490-81599, 82013, 88245, 88248-88249, 88267, 88269, 88271-88274, 88280, 88283, 88285, 88289, 88299, S3800-S3870, 0001U-0037U, 0040U, 0045U, 0047U-0050U, 0052U, 0053U, 0056U, 0057U, 0060U, 0070U-0081U, 0083U, 0111U-0112U, 0118U, 0130U-0139U, 0154U-0171U, 0173U, 0175U, 0180U-0201U, 0203U-0205U, 0208U-0219U, 0221U-0222U, 0229U-0239U, 0242U-0247U, 0250U, 0252U-0254U, 0258U, 0260U, 0262U, 0264U-0274U, 0276U-0278U, 0011M-0013M, 0016M-0017M, 0500T, 81349, 81523, 0285U-0300U, 0306U, 0307U, 0313U-0315U, 0317U-0322U, 0326U, 0327U, 0329U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0356U, 0362U, 0363U, 0388U, 0391U, 0392U, 0395U, 0396U, 0397U, 0400U-0419U, 0019M, 0420U, 0421U, 01422U, 0424U, 0425U, 0426U, 0428U, 0433U, 0435U, 0436U, 0437U, 0439U, 0440U, 0441U, 0442U, 0443U, 0444U, 0445U, 0446U, 0447U, 0448U, 0449U, 0020M, 0463U, 0464U, 0465U, 0466U, 0467U, 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0479U, 0481U, 0485U, 0486U, 0487U, 0488U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0510U, 0516U,	All products	All genetic testing requires an auth unless otherwise noted (code list is not inclusive). Only exception for auth is genetic testing done during pregnancy for **advanced maternal age** - greater than or equal to 35 y/o (if code is fact 4, then PA is required) **No auth needed for: 81206, 81207, 81208** **Effective 7/1/2022: no auth required for 81420** **Effective 10/1/23: no auth required for 81240, 81241, 81220, 81222, 81329, 88364-88369, 88373, 88374** **Effective 4/1/24: no auth required for 81514, 88291** **Effective 7/1/2024: no auth required for 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383**	**MHCP Provider Manual:** Lab and Pathology Services **Medicare:** NCD, LCD, Coverage Articles **InterQual Procedures:** Molecular Diagnostics
Hearing	Hearing Aids - in glasses Assitive Listening Device, NOS Pocket talker Assisted Listening Devices: FM Systems Cochlear Device/Implant	V5070, V5080, V5150, V5190, V5230 V5274, V5090 V5100, V5110 V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290 V5273, L8614, L8619, L8627, L8628, L8629, L8690, L8691, L8692, L8693, 69710, 69711, 69714,69717, 69930	All products Cochlear Device is Medicare Eligible	Systems other than personal hearing aids always need an auth. Hearing Aid Repair > $400 Hearing Aid: 1 every 3 years Dispensing Fee: 1 every 3 years Ear Mold: 1 every 3 months	**Medicare:** NCD 50.3 (cochlear Implants), IP Manual 100-02, 16, 100 (hearing aids) **MHCP Provider Manual:** Hearing Aid Services **InterQual Procedures:** DME or Procedures
Inpatient Stays	Authorization is only required if the facility is out of the 5-state area (outside of MN, IA, WI, SD, ND)	Inpatient stays (Medical and MH) do not require authorization if within MN, ND, SD, IA and WI. Acute InPt Rehab Admission - auth required for out of state Long Term Acute Care admission - auth required for out of state Mental Health Admission - auth required for out of state	All products Medicare Eligible	*If Medicare is primary payer (outside of South Country) and part A is paying, no auth required. If Medicare denies, then auth is needed	
EW Home Care	Home care services for members on Elderly Waiver	Providers must coodinate home care and PCA/CFSS services with the EW case manager.	MSC+ and SeniorCare Complete EW Members	**Member's Elderly Waiver**	Care Coordinator must enter eligible services on the Care Plan in the CP URL (this will generate the service request)

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
DSD/CADI Home Care	Home care services for members on a Disability Waiver **Waiver CM must notify Care Coordinator of services via Form #5841**	Authorization is NOT required - **Waiver CM must notify Care Coordinator of services via Form #5841** Providers must coordinate care with the Waiver Case Manager or Care Coordinator	All Products, Waiver Members		
Home Care (non-waiver)	Skilled Nurse Visits (SNV) Personal Care Assistant (PCA) Home Care Nursing Speech Therapy Physical Therapy Occupational Therapy Respiratory Therapy Home Health Aide Adult Day Care Bath	Effective 10/1/2024 - Authorization is not required for home care services unless provider is out of state/out of network.	All products Medicare Eligible	SingleCare, SharedCare, AbilityCare, PMAP and MNCare: South Country does not process authorizations for **PCA/CFSS and Home Care Nursing.**	
Surgery/Procedures	General/Other Surgical Procedures	Circumcision: 54150, 54160, 54161 Chole w/transduodenal sphincter: 47620 Deep Brain Stim: 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886, 61889, 61891, 61892 Electric Stimulator (bone) Implant: 20975 Nerve Stimulators: 64568, 64569, 64570, 64582, 64583, 64584, 95978, 95979, 63650, 63655, 63685, C1823, 0720T, C1826, C1827, 64912, 64913, 64553, 64555, 64561, 64566, 64575, 64580, 64581, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 64596, 64597, 64598, 93150, 93151, 93152, 93153, 0784T, 0785T, 0786T, 0788T, 0789T, 0790T, 0816T, 0817T, 0818T, 0819T Dermatological: 15788, 15789, 15792, 15793, 96574 Cystourethroscopy: 0499T, Blue Light Cystoscopy imaging agent: C9738 GI: 91112, S1034, S1035, S1036, S1037, 0397T, 0437T, 43284, 43285 Application of on-body injector: 96377 Fractional ablative laser fenestration of burn/traumatic scars: 0479T, 0480T Prep of tumor cavity with placement of radiation therapy applicator: 19294 Endoscopic submucosal dissection (ESD): C9779 Osseointegrated implant: 69716, 69719, 69726, 69727 Histotripsy: 0686T, C9790 Other Therapies/Procedures: 0732T, 0733T, 0734T, G0308, G0309, 0748T, G0166, 0489T, 0490T, 0419T, 0420T, 0440T, 0441T, 0442T, 0505T, 0506T, 0507T, 0508T, 0509T, 0524T, 0533T, 0534T, 32994, G2000, 34717, 34718, 0338T, 0339T, C9796, C9797 Allograft: 20932, 20933, 20934 Bronchoscopy: 31647, 31648, 31649, 31651 Oncology: 0394T, 0395T, 0537T, 0538T, 0539T, 0540T	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
	Ear/ Nose/ Throat Procedures	**Sleep Apnea Procedures:** S2080, C9727, 41512, 42145, 21685, 42140 **Laryngoplasty for laryngeal stenosis, with graft:** 31551, 31552, 31553, 31554 **Laryngoplasty, medialization:** 31591 **Cricotracheal resection:** 31592 **Vestibular Device Implantation:** 0725T, 0726T, 0727T **Other:** 41530, 0510T, 0511T	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Cardiac	**LVAD/VAD:** 33975, 33976, 33979, 33981, 33982, 33983, Q0478, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0488, Q0489, Q0490, Q0491, Q0495, Q0496, Q0502, Q0503, Q0504, Q0506 **Endovascular Repair of visceral aorta:** 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 **Transcatheter Aortic Valve Replacement:** 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33440, C9783 **Transcatheter Left Atrial:** C9792 **Transcatheter Right Ventricle:** 33274, 33275, 33289 **Transcatheter Mitral Valve Repair:** 33418, 33419, 0345T, 0483T, 0484T **Left atrial appendage closure:** 33340 **Valvuloplasty:** 33390, 33391 **Generator, cardiac contractility modulation:** C1824, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T **Insertion/Removal Defibrillator:** 33240, 33241, 33262, 33263, 33272, 33273 **Left Ventricular Stimulator**: 0515T, 0516T, 0517T **Other:** 33140, 33141, 33270, 33271, 93260, 93261, 93264, 0342T	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
The following list may not be all-inclusive and is meant to provide guidance. Guidelines applied are based on the member's product, and all services are subject to the member's benefits					
Medical Pharmacy/Part B Drugs	Erythropoiesis Stimulating Agents	Darbepoetin: J0881 Retacrit: Q5106	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Psychotics	Aripiprazole: J1943, J1944 Perseris (risperidone): J2798	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Monoclonal Antibodies - Oncology	Bavencio (Avelumab): J9023 Cyramza (ramucirumab): J9308 Darzalex (Daratumumab): J9145 Darzalex Faspro (daratumumab/hyaluronidase): J9144 Mylotarg (Gemtuzumab Ozogamicin): J9203 Kadcyla (ado-trastuzumab): J9354 Herceptin (trastuzumab): J9355, J9356, Q5116, Q5117 Keytruda (pembrolizumab): J9271 Opdivo (nivolumab): J9299 Perjeta (pertuzumab): J9306 Yervoy (ipilimumab): J9228 Adcetris (brentuximab vedotin): J9042 Besponsa (inotuzumab ozogamicin): J9229 Imfinzi (durvalumab): J9173 Libtayo (cemiplimab): J9119 Lumoxiti (moxetumomab pasudotoc-tdfk): J9313 Padcev (enfortumab vedotin): J9177 Ruxience (rituximabpvvr): Q5119 Phesgo (pertuzumab,trastuzumab,hyaluronidase): J9316 Trodelvy (sacituzumab govitecan-hziy): J9317 Blenrep (belantamab mafoditin): J9037 Monjuvi (tafasitamab-cxix): J9349 Danyelza (naxitamab-gqgk): J9348 Margenza (margetuximab-cmkb): J9353 Riabni (rituximab-arrx biosimilar): Q5123 Jemperli (dostarlimab-gxly): J9272	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Monoclonal Antibodies - Oncology Continued	Tivdak (Tisotumab): J9273 Opdualag (nivolumab and relatlimab-rmbw): J9298 Elahere (mirvetuximab soravtansine-gynx): J9063 (replaces C9146 7/1/23) Imjudo (tremelimumab-actl): J9347 (replaces C9147 7/1/23) Tecvayli (teclistamab-cqyv): J9380 (replaces C9148 7/1/23) Vegzelma (bevacizumab-adcd): Q5129 Lunsumo (mosunetuzumab-axgb): J9350 Epkinly (epcoritamab-bysp): C9155 Zynyz (retifanlimab-dlwr): J9345 Unituxin (dinutuximab): J1246 Columvi (glofitamab-gxbm): J9286 Epkinly (epcoritamab-bysp): J9321 Talvey (talquetamab-tgvs): J3055 (replaced C9163) Elrexfio (elranatamab-bcmm): J1323 (replaced C9165) Aphexda (motixafortide): J2277 Loqtorzi (toripalimab-tpzi): J3263 Anktiva (nogapendekin alfa inbakicept-pmln): C9169 Imdelltra (tarlatamab-dlle): C9170 Lumisight (pegulicianine): C9171	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Monoclonal Antibodies - Non-Oncology	Cimzia (certolizumab): J0717 Enbrel (etanercept): J1428 Entyvio (vedolizumab): J3380 Humira (adalimumab): J0135 Kineret (anakinra): J3590 Remicade (infliximab): J1745 Simponi (golimumab): J1602 Tysabri (natalizumb): J2323 Avsola (influiximab biosimilar): Q5121 Benlysta (Belimumab): J0490 Lemtrada (alemtuzumab): J0202 Ocrevus (ocrelizumab): J2350, J3490, J3590 Soliris (eculizumab): J1300 Stelara (ustekinumab): J3357, J3358 Actemra (tocilizumab): J3262 Zinplava (Bezlotoxumab): J0565 Nucala (mepolizumab): J2182 Prolia/Xgeva (denosumab): J0897 Xolair (omalizumab): J2357 Crysvita (burosumab-twza): J0584 Trogarzo (ibalizumab-uiyk): J1746 Ilumya (tildrakizumab): J3245 Rituxan (rituximab): J9311, J9312 Tremfya (guselkumab): J1628	All	*some drugs use unclassified drug codes (PA is required for unclassified codes only when cost exceeds $1000)	Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Monoclonal Antibodies - Non-Oncology (continued)	Fasenra (benralizumab): J0517 Hemlibra (emicizumab): J7170 Takhzyro (lanadelumab): J0593 Ultomiris (ravulizumab-cwvz): J1303 Ajovy (fremanezumab-vfrm): J3031 Evenity (romosozumab-aqqg): J3111 Poteligeo (mogamulizumab-kpkc): J9204 Gamifant (emapalumab): J9210 Adakveo (crizanlizumab-tmca): J0791 Vyepti (eptinezumab-jjmr): J3032 Tepezza (teprotumumab-trbw): J3241 Uplizna (inebilizumab): J1823 Evkeeza (evinacumab-dgnb): J1305 Saphnelo (anifrolumab-fnia): J0419 Aduhelm (aducanumab): J0172 Cinqair (reslizumab): J2786 Enjaymo (sutimlimab-jome): C9094 (inactive 10/1/22), J1302 Tezspire (tezepelumab-ekko): J2356 Skyrizi (risankizumab-rzaa): J2327 Tzield (teplizumab-mzwv): J9381 (replaces C9149 7/1/23) Spevigo (spesolimab-sbzo): J1747 Briumvi (ublituximab-xiiy): J2329 Idacio (adalimumab-aacf): Q5131 Leqembi (lecanemab-irmb): J0174	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Monoclonal Antibodies - Non-Oncology (continued)	Abrilada (adalimumab-afzb): Q5132 Tofidence (tocilizumab-bavi): Q5133 Tyruko (natalizumab-sztn): Q5134 Rystiggo (rozanolixizumab-noli): J9333 Cosentyx (secukinumab): J3247 Omvoh (mirikizumab-mrkz): C9168 Zymfentra (infliximab-dyyb): J1748 Omvah (mirikizumab-mrkz): J2267 Wezlana (ustekinumab-auub): Q5137, Q5138 Kisunla (donanemab-azbt): J0175 Tevimbra (tislelizumab-jsgr): J9329 Tyenne (tocilizumab-aazg): Q5135 Jubbonti/Wyost (denosumab-bbdz): Q5136			Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Plasma-derived serine proteinase inhibitors	Berinert, Cinryze, Ruconest: J0596, J0597, J0597, J0599	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Biophosphates	Boniva: J1740 Zometa (zoledronic acid): J3489	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neuromuscular blocker	Botulinum (botox): J0585, J0586, J0587, J0588, J0589 (replaced C9160)	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Autologous Cultured Cell	Carticel: J7330	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Immunomodulators	Extavia (interferon beta-1b): Q3027, Q3028 Interferon: J9214, J9215, J9216 Orencia (abatacept): J0129	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Fungals	Cresemba: J1833	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antibiotics	Sivextro (Inj, tedizolid phosphate): J3090 Delafloxacin: C9462 Plazomicin: J0291	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Antisense Oligonucleptide (AO)	Exondys: J1428 Viltepso (viltolarsen): J1427 Amondys 45 (casimersen): J1426 Qalsody (tofersen): J1304	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Opthalmics	Jetrea: J7316 Ozurdex: J7312 Macugen: J2503 Dexamethasone, Lacrimal opthalmic insert: J1096 Yutiq (fluocinolone) intravitreal implant: J7314 Phenylephrine/Ketorolac solution: J1097 Beovu (brolucizumab): J0179 Bimatoprost Intracameral Implant: J7351 Susvimo (ranibizumab) Implant: J2779 Byooviz (Ranibizumab-nuna (biosimilar)): Q5124 Vabysmo (faricimab-svoa): J2777 Syfovre (pegcetacoplan): J2781 Izervay (avacincaptad pegol): J2782 (replaced C9162) Travoprost, intracameral implant: J7355	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Hemophilia Agents	J7182, J7185, J7186, J7187, J7188, J7190, J7192, J7202, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J1411, J7213, J1412	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Iron Replacement	Feraheme: Q0138, Q0139 Injectafer: J1439 Monoferric (ferric derisomaltose): J1437 Triferic (ferric pyrophosphate citrate): J1445	All	*Venofer (iron sucrose) preferred - no auth required (effective 1/1/2022)	Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Fertility Drug (not all uses are fertility)	J0725, J1950, J3355, J3490, J8499, J9217, J9218, J9219, S0122, S0126, S0128, S0132	All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (and will be reviewed for medical necessity) if being used for diagnosis other than infertility	Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Colony-stimulating factors	Filgrastim (Neupogen): J1442 Filgrastim-sndz (Zarxio): Q5101 Filgastrim-aafi (Nivestym): Q5110 Filgastrim-svoa (Releuko): Q5125 Pegfilgrastim (Neulasta): J2506 Pegfilgrastim-jmdb (Fulphila): Q5108 Pegfilgrastim-bmex (Ziextenzo): Q5120 Pegfilgratsim-apgf (Nyvepria): Q5122 Eflapegrastim-xnst (Rolvedon): J1449 Pegfilgrastim-fpgk (Stimufend): Q5127 Pegfilgrastim-pbbk (Fylnetra): Q5130 Efbemalenograstim alfa-vuxw (Ryzneuta): J9361	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Growth Hormones	Increlex: J2170 Protopin: J2940 Serostim: J2941	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Plasma Kallikrein Inhibitors	Kalbitor (ecallantide): J1290	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gout Treatment	Krystexxa: J2507	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Ocreotide Agents	Octreotide: J2353	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Immunotherapy	Provenge (siuleucel-T): Q2043 Aliqopa (copanlisib): J9057	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Cosmetic treatments	Sculptra: Q2028 Kybella (deoxycholic acid): J0591	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anticonvulsants	Stiripentol: J3490	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Intra-articular Hyaluronan Injections	Supartz: J7321 Synvisc: J7325 EuflexxaL J7323 Orthovisc: J7324 Durolane: J7318 Synojoynt: J7331 Triluon: J7332	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Thyriod stimulating hormone	Thyrogen: J3240	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Unclassifided Drugs	J3490, J3590, J3535, J7599, J7699, J7799, J7999, J8498, J8499, J8597, J8999, J9999, Q4082, C9399	All	PA only required for unclassified drug codes if billed claim cost exceeds $1000	Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Other Drugs/treatments	Xiaflex: J0775 Corticotropin: J0800, J0801, J0802 Mepsevii (vestronidase alfa-vjbk): J3397 Fibryga (fibrinogen): J7177 Brineura (cerliponase alfa): J0567 Lutathera (Lutetium LU 177 Dotatate: A9513 Luxturna (voretigene neparvovec): J3398 Levoleucovorin: J0641 Fluorescence Lypm map w/ICG: C9756 Revefenacin Inhalation: J7677 Onpattro (patisiran): J0222 Omegaven lipids: B4187 Givlaari (givosiran): J0223 Scenesse (afamelanotide implant): J7352 Oxlumo (lumasiran): J0224 Fensolvi (leuprolide acetate): J1951 Leqvio (inclisiran): J1306 Vyvgart (efgartigimod): J9332 Amvuttra (vutrisiran): J0225 Empaveli (pegcetacoplan): C9151 Rebyota (fecal microbiota, jslm): J1440 Adstiladrin (nadofaragene firadenovec-vncg): J9029 IV Pombiliti, Oral Miglustat: G0138, J1202, J1203 Veopoz (pozelimab-bbfg): J9376	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gonadotropin Releasing Hormone Agonists (GnRH)	Histrelin Implant: J9226	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Opioid Antagonists	Buprenorphine Implant: J0570 Buprenorphine Injection: Q9991, Q9992 Brixadi: J0577, J0578	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Car T cell Therapy	Yescarta: Q2041 Kymriah (tisagenleceucel): Q2042 Tecartus (brexucabtagene): Q2053 Abecma (idecabtagene vicleucel): Q2055 Breyanzi (lisocabtagene maraleucel): Q2054 Carvykti (Ciltacabtagene autoleucel): Q2056	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Oncology	Yondelis (trabectedin): J9352 Zaltrap (ziv-aflibercept): J9400 Irinotecan Liposome: J9205 Belrapzo: J9036 Asparlas (calaspargase pegol-mknl): J9118 Elzonris (tagraxofusp-erza): J9269 Infugem (gemcitabine): J9198 Evomela (melphalan): J9246 Pepaxto (melphalan flufenamide): J9247 Enhertu (fam-trastuzumab deruxtecan-nxki): J9358 Zepzelca (lurbinectedin): J9223 Istodax (Romidepsin): J9314 Zynlonta (Loncastuximab tesirine): J9359 Camcevi (Leuprolide): J1952 Rylaze (asparaginase recombinant): J9021 Rybrevant (amivantamab-vmjw): J9061 Sirolimus: J9331 Kimmtrak (tebentafuso-tebn): J9274 Pluvicto (lutetium LU 177): A9607 Cipla (lanreotide): J1932 Sandoz (cabazitaxel): J9064	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neurologics	Radicava (edaravone): J1301	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antiemetics	Fosnetupitant/Palonosetron: J1454	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Antianemia Drugs	Reblozyl (luspatercept): J0896 Jesduvroq (daprodustat): J0889	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Genetic Disorder Agents	Vyondys (golodirsen): J1429 Zolgensma (onasemnogene abeparvovec): J3399 Lamzede (velmanase alfa-tycv): J0217	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gene Therapy	Elevidys (delandistrogene moxeparvovec-rokl): J1413 Vyjuvek (beremagene geperpavec-svdt): J3401 Zynteglo (betibeglogene autotemcel): J3393 Lyfgenia (lovotibeglogene autotemcel): J3394 Beqvez (fidanacogene elaparvovec): C9172	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Kinase Inhibitor	Cosela (trilaciclib): J1448	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Metabolic Enzymes	Nexviazyme (avalglucosidase alfa-ngpt): J0219 Xenpozyme (olipudase alfa-rpcp): J0218 Elfabrio (pegunigalsidase alfa-iwxj): J2508 Adzynma (apadamtase alfa): J7171 (replaced C9167)	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines